

**Triantaphyllis Law Firm**  
ATTORNEYS AND COUNSELORS

P. O. Box 27629  
HOUSTON, TEXAS 77227

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Telephone (713) 520-8551  
Telecopier (713) 520-8991

E-Mail: tasso@awbell.net  
Web: firms.findlaw.com/Triantaphyllis

**TELECOPY COVER PAGE**

**TO: Commissioner for Patents**

**TELECOPY**  
**NUMBER: 703-872-9306**

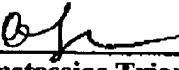
**FROM: A. Triantaphyllis**

**DATE: July 18, 2005**

<b>Applicant(s): Mike Dehart <i>et al.</i></b>	<b>Docket No.:</b>	<b>DEH01-02</b>
<b>Serial No.:</b> 10/053,720	<b>Art Unit:</b>	3653
<b>Filed:</b> January 17, 2002	<b>Examiner:</b>	Joseph C. Rodriguez
<b>TITLE:</b> A METHOD AND APPARATUS FOR RECLAIMING CONCRETE	<b>Confirmation No.</b>	4224

We are transmitting - 17 - pages, including this cover page.  
TELEPHONE (713) 520-8551, TO REPORT TRANSMISSION FAILURE.

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Anastassios Triantaphyllis

Date of Signature: July 18, 2005

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PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0851-0031  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL  
FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

17

Application Number	10/633,720
Filing Date	January 17, 2002
First Named Inventor	Mike Dehart
Art Unit	3653
Examiner Name	Joseph C. Rodriguez
Attorney Docket Number	DEH01-02

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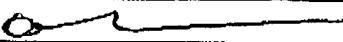
## ENCLOSURES (Check off that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input checked="" type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

## Remarks

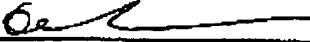
Petition for Extension of Time filed concurrently herewith.

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name			
Signature			
Printed name	Anastassios Trianaphyllis		
Date	July 18, 2005	Reg. No.	Reg. No. 31,576

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature	
Typed or printed name	Anastassios Trianaphyllis
Date	7/18/2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (12-04v2)

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Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL**  
For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$ 60.00)

## Complete if Known

Application Number	10/053,720
Filing Date	January 17, 2002
First Named Inventor	Mike Dehart
Examiner Name	Joseph C. Rodriguez
Art Unit	3853
Attorney Docket No.	DEH01-02

## METHOD OF PAYMENT (check all that apply)

<input type="checkbox"/> Check	<input checked="" type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input type="checkbox"/> Deposit Account		Deposit Account Number: _____		Deposit Account Name: _____
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)				
<input type="checkbox"/> Charge fee(s) indicated below		<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee		
<input type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17		<input type="checkbox"/> Credit any overpayments		

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## FEE CALCULATION

## 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES	
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Fee (\$)
Utility	300	150	500	250	200	100
Design	200	100	100	50	130	65
Plant	200	100	300	150	160	80
Reissue	300	150	500	250	600	300
Provisional	200	100	0	0	0	0

## 2. EXCESS CLAIM FEES

## Fee Description

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

## Total Claims

Extra Claims	Fee (\$)	Fee Paid (\$)
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13 - 20 or HP = \_\_\_\_\_ x \_\_\_\_\_ = 0.0

HP = highest number of total claims paid for, if greater than 20.

## Indep. Claims

Extra Claims	Fee (\$)	Fee Paid (\$)
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3 - 3 or HP = \_\_\_\_\_ x \_\_\_\_\_ = 0.0

HP = highest number of independent claims paid for, if greater than 3.

## Multiple Dependent Claims

Fee (\$)	Fee Paid (\$)
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## 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Even Sheets	Number of Odd Sheets	Fee (\$)	Fee Paid (\$)
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- 100 = \_\_\_\_\_ / 50 = \_\_\_\_\_ (round up to a whole number) x \_\_\_\_\_ = \_\_\_\_\_

## 4. OTHER FEE(S)

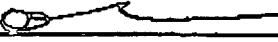
Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Extension of Time of One Month

Fee (\$)
----------

60.00

## SIGNED BY

Signature		Registration No. (Attorney/Agent) 31,576	Telephone 713.520.8551
Name (Print/Type)	Anastassios Triantaphyllis		
	Date July 18, 2005		

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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